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APPLICANTS

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 Robert M. Schnelder, Corvallis, OR;

** CONTINUING DATA ***** NONE MSK

** FOREIGN APPLICATIONS ***** NONE MSK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 01/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 62	INDEPENDENT CLAIMS 6
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35 USC 119 (a-d) conditions met
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged
 Examiner's Signature: *[Signature]* Initials: *MSK*

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TITLE
 Multimedia display device

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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